




BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) 2 0 2 1		2 For the Period From (MM/DD) 05 0 7 To (MM/DD) 12 3 1			
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN 3 5 9 - 9 1 0 - 9 5 4 -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount			
4 Employee's Name (Last Name, First Name, Middle Name) BONSUCAN,JESSEL ED BELOCURA		5 RDO Code 0 4 4		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
6 Registered Address		6A ZIP Code		28 Holiday Pay (MWE) 0.00	
6B Local Home Address		6C ZIP Code		29 Overtime Pay (MWE) 0.00	
6D Foreign Address				30 Night Shift Differential (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 0 4 2 4 1 9 9 9		8 Contact Number		31 Hazard Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day 0				32 13th Month Pay and Other Benefits (maximum of P90,000) 12,749.95	
10 Statutory Minimum Wage rate per month 0				33 De Minimis Benefits 16,924.14	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 9,788.62	
Part II - Employer Information (Present)				35 Salaries and Other Forms of Compensation 11,017.24	
12 TIN 0 0 8 - 0 5 6 - 7 8 3 -				36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 50,479.95	
13 Employer's Name OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.				B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address 5th to 10th Floors Science Hub Tower 1,Block 38 Campus Avenue corner Turin Street ,Taguig City Metro Manila 1634 Philippines		14A ZIP Code		37 Basic Salary 137,287.64	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				38 Representation 0.00	
Part III - Employer Information (Previous)				39 Transportation 0.00	
16 TIN				40 Cost of Living Allowance (COLA) 0.00	
17 Employer's Name				41 Fixed Housing Allowance 0.00	
18 Registered Address		18A ZIP Code		42 Others (specify) 42A 0.00 0.00 42B 0.00 0.00	
Part IVA - Summary				SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 187,767.59				43 Commission 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 50,479.95				44 Profit Sharing 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 137,287.64				45 Fees Including Director's Fees 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00				46 Taxable 13th Month Benefits 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 137,287.64				47 Hazard Pay 0.00	
24 Tax Due 0.00				48 Overtime Pay 0.00	
25 Amount of Taxes Withheld 25A Present Employer 0.00 25B Previous Employer, if applicable 0.00				49 Others (specify) 49A 0.00 0.00 49B 0.00 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00				50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 137,287.64	
I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51 CABAGNOT, MICHELLE KIBLATAIN Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
CONFORME: 52 BONSUCAN,JESSEL ED BELOCURA Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		Date Signed	
To be accomplished under substituted filing					
53 CABAGNOT, MICHELLE KIBLATAIN Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 BONSUCAN,JESSEL ED BELOCURA Employee Signature over Printed Name			